

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/534230 FILING DATE  
APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		1		1			58						
9		1		1			59						
10		2		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14	1		1				64						
15		1		1			65						
16		1		1			66						
17		0		1			67						
18		0		1			68						
19	1		1				69						
20		1		1			70						
21		1		1			71						
22		2		1			72						
23		1		1			73						
24		1		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		0		1			80						
31		0		1			81						
32		0		1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓ 3		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	25	←			←	TOTAL DEP.	←		←			←
TOTAL CLAIMS		28					TOTAL CLAIMS						